## SPONSORSHIP FORM PARIS-HENRY COUNTY BASKETBALL LEAGUE

Please fill in the following informat	ion:													
						FOR LEAGUE USE ONLY !!								
Contact Person's Name:						Date of								
Business Name:				Payment:										
					Amount:									
Mailing address:					Payment Type:									
						Cash								
City, State, Zip:						Check								
Phone #:						Check Number:								
Style letters. Each Sponsor will be all Space below with the EXACT letter.  Official Team Name	_	-	•			_					se fi	ll in	the	
To accommodate as many requests	-	, <b>-</b>				•			_		ence	in y	your	
team sponsorship of	i age grou	up or ge	nder	. Ch	oice	s ar	e as	follo	ows:					
Boys:						irls:								
Age groups: 5-6 (co-ed)	5-6 (co-													
7-8 yr. old	7-8 yr. o													
9-10 yr. old	_	old												
11-13 yr. old	_	11-13 yr. old												
14-15 yr. old	_	14-15 yr. old												
16-17 yr. old	_	16-17 yr. o												

No Preference\_\_\_\_\_